



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

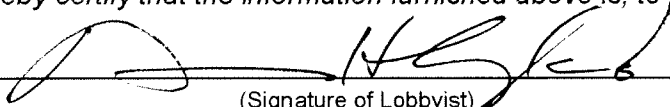
LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Suzuki	Norman	H.	(808) 521-2661
MAILING ADDRESS (Street)			FAX
1188 Bishop Street, Suite 1805			(808) 521-2663
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Suzuki & Goo, Attorneys, A Law Corporation			(808) 521-2661
MAILING ADDRESS (Street)			FAX
1188 Bishop Street, Suite 1805			(808) 521-2663
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
CIGAR ASSOCIATION OF AMERICA, INC.		(202) 223-8204
MAILING ADDRESS (Street)		FAX
1707 H Street, NW, Suite 800		(202) 833-0379
(City)	(State)	(Zip Code)
Washington, DC		20006
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Lita M. Conklin		(202) 223-8204
MAILING ADDRESS (Street)		FAX
1707 H Street, NW, Suite 800		(202) 833-0379
(City)	(State)	(Zip Code)
Washington, DC		20006

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY			
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operation & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input checked="" type="checkbox"/> Other: (indicate below) <u>Cigars and tobacco products.</u>
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST	
<i>I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.</i>	
 (Signature of Lobbyist)	<u>1-4-07</u> (Date)

PART V AUTHORIZATION TO LOBBY	
NAME Norman F. Sharp	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED President
NAME OF ORGANIZATION (if applicable) CIGAR ASSOCIATION OF AMERICA, INC.	TELEPHONE (202) 223-8204
MAILING ADDRESS (Street) 1707 H Street, NW, Suite 800	FAX (202) 833-0379
(City) Washington, DC	(State) 20006
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>	
 (Signature of Authorizing Officer or Person Represented)	<u>1/9/2007</u> (Date)